

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH - HEALTH REGULATION AND LICENSING
ADMINISTRATION APPLICATION INSTRUCTIONS

FOR REINSTATEMENT OF AN EXPIRED LICENSE
OR REACTIVATION OF INACTIVE STATUS

**LICENSED PRACTICAL NURSE OR REGISTERED NURSE
IN THE DISTRICT OF COLUMBIA**

We look forward to providing expedient and professional service. However, the quality of our service is dependent on the completeness of your application. Please read the instructions carefully. This package contains the application for:

Reinstatement of an expired nursing license or

Reactivation of inactive status

Follow the instructions provided below and complete all sections of the application. If you require more space to provide explanations for the screening questions, attach typed responses to the application.

REINSTATEMENT OF AN EXPIRED LICENSE

REINSTATEMENT OF LICENSE EXPIRED LESS THAN 1 YEAR

If an LPN/RN fails for any reason to renew their license, the Board shall reinstate the license if the health professional:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits evidence of having met the board's continuing education requirement (LPN -18, RN-24, APRN-24).

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 1 YEAR BUT LESS THAN 5 YEARS

If LPN/RN fails for any reason to renew their license, the Board shall reinstate the license if the health professional:

- 1). Submits application to the Board for reinstatement of the license
- 2). Pays reinstatement fee
- 3). Submits a verification of licensure status, if currently licensed in another jurisdiction.

NURSYS: If your licensure status can be verified through NURSYS, please complete verification on-line at www.nursys.com. **Attach a copy of your NURSYS receipt to this application.** **Verification by mail:** Submit your verification along with your application in a sealed envelope OR ask verifying board to send your licensure verification to:

DC Board of Nursing
Department of Health
899 North Capitol Street, NE; First Floor
Washington, DC 20002

Please note: A copy of your license may not be used to verify your licensure status.

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YEARS: Not currently licensed in another jurisdiction

If LPN/RN fails for any reason to apply for reinstatement of their license for more than 5 years after the license expires, the RN/LPN may apply for licensure by submitting:

- 1). A application and application fee to the Board for reinstatement of the license
- 2). Submitting evidence of having completed a nurse refresher course.

REACTIVATION TO ACTIVE STATUS

A RN or LPN on paid inactive status may reactivate their licensure status by submitting:

- 1). An application and application fee to the Board for reactivation licensure
- 2). Evidence of having met the board's continuing education requirement
- 3). APRNs only: Verification from certifying body regarding current certification status
- 4). Evidence of having met the board's continuing education requirement (LPN -18, RN-24) completed two (2) years immediately preceding application date.

PLEASE NOTE: Licenses expire June 30th – Odd year for LPNs – Even year for RNs.

THE APPLICATION PROCESS

Upon submission of the required application documents, the District of Columbia Board of Nursing will review your application. Upon final approval, you will be issued a license to practice in the District of Columbia.

If you submit an application that is incomplete or otherwise deficient, the Health Regulation and Licensing Administration's (HRLA) processing staff will notify you of the deficiencies. If the Board has questions or concerns, you will also be notified.

WHERE TO MAIL:

Documents containing application fee should be sent to the following address:

Board of Nursing
P. O. Box 37802
Washington, D.C. 20013

If you have any questions, call HRLA's Customer Service toll free line at 1-877-672-2174 between 8:30 a.m. and 4:30 p.m. EST Monday through Friday. Please read these instructions carefully to facilitate prompt processing of your application. Illegible applications and applications submitted without required signatures or with incorrect fees will be returned in their entirety, including fees. Please print or type all information except signatures.

GENERAL REQUIREMENTS FOR ALL APPLICANTS

All applicants for a nursing license in the District of Columbia shall meet the following requirements:

- 1). Must be at least 18 years of age; and
- 2). Must not have been convicted of a crime or moral turpitude which bears directly on the applicant's fitness to be licensed; and

All applicants must submit the following in order to be considered for licensure:

- 1). A complete and signed application, including required supporting documents; and
- 2). Two passport-type photos of the applicant's face, measuring approximately 2" x 2", with the applicant's name printed on the back. Home snapshots are not acceptable.

COMPLETING THE LICENSE APPLICATION

Section 1. Licensee Information

Please update your name, address, phone number, email address and Social Security number, if needed.

If your name has been changed, you must provide a copy of a legal name change document. Acceptable documents include a marriage certificate, divorce decree, court order or spouse's death certificate.

Section 2. Special Instructions

Please read carefully and follow directions

Section 3. Requested Licensure Status and Fees

a. Indicate licensure status you are applying for:

- ☐ Reinstate RN/LPN
- ☐ Reinstate APRN License and Authority
- ☐ Reinstate APRN authority (only), RN license must be active
- ☐ Reactivate Paid Inactive License

b. You may pay the application and license fee by a single check or money order. It is recommended that you pay by check, so that you have ready proof of payment. Checks or money orders should be made payable to DC Treasurer and submitted with your application packet. Do **NOT** send cash. Please print your name on your check, if it is not pre-printed.

Section 5. Screening Questions:

If you answer "yes" to questions A through G, please provide a complete explanation on a separate sheet of paper. If more space is required to fully answer questions, attach additional sheets with typed responses. False or misleading statements will be cause for disciplinary action and could be cause for criminal prosecution pursuant to DC Code 22-2514.

PLEASE NOTE: If you have been convicted of a crime or have had actions taken against your license, please provide official documentation which details the outcome or current status of the case.

Section 6. Licensee Affidavit

By signing the application you are attesting under penalty of perjury that all information and attached documents are true to the best of your knowledge.

ADDITIONAL INFORMATION

Change of address notification:

You are required by regulation to report all changes of your address to the Board within 30 days, failure to do so is punishable by a \$100 fine for first offense and higher for subsequent offenses. HRLA will update the address change in your database record. Requests for address change should be made via fax to 202-724-8471 or letter sent to HRLA at the address in the middle of page 1. Without an updated mailing address, you may not receive your renewal notice.

CONTINUING EDUCATION REQUIREMENTS:

RNs: 24 Contact Hours

APRNs: 24 Contact Hours (Must include a minimum of 15 contact hours in a continuing education program that includes a pharmacology component)

LPNs: 18 Contact Hours

ANY OF THE FOLLOWING METHODS OF COMPLIANCE MAY BE UTILIZED

All documents must reflect a date within two (2) years preceding application date

CONTACT HOUR OPTION

May be used if you have completed a continuing education offering

DOCUMENTATION NEEDED

An original verification form from the accredited continuing education organization

ACADEMIC OPTION

May be used when you have completed a course leading towards a degree in nursing or any academic course relevant to the practice of nursing

DOCUMENTATION NEEDED (any one of the following):

Attach a copy of your transcript OR End of the semester report.

TEACHING OPTION

May be used if you have developed and taught a course or educational offering approved by board approved accrediting body. You will be awarded four (4) Contact Hours for each approved contact hour. *[Please note: This is not an option for nurses required to develop and teach continuing education courses as a condition of employment].*

DOCUMENTATION NEEDED (any of the following):

Verification form indicating your name, the name of the accrediting body and the number of contact hours OR Letter from an accrediting body acknowledging their approval of your course.

AUTHOR OR EDITOR OPTION

Author of a book chapter or peer reviewed article (if the manuscript has been published or accepted for publication during the period for which credit is claimed) or editor of a book during the renewal period. Twenty-four (24) Contact Hours Awarded

DOCUMENTATION NEEDED (any one of the following):

Letter of acceptance OR Copy of title page of book or article (for articles, include name of journal, if not indicated on the title page) OR Copy of page listing you as editor.

LICENSE REINSTATEMENT APPLICATION
REACTIVATION OF INACTIVE STATUS APPLICATION

Please read the instructions at the beginning of each section as you complete this form. See Section 2 for special instructions specific to your license. If you have any questions, call HRLA's Customer Service line Monday through Friday, 8:30AM to 4:30PM EST at 1-877-672-2174.
A Charge of \$65.00 will be imposed for dishonored checks (Public Law 89-208)

SECTION 1. LICENSEE INFORMATION – Enter all demographic information in this section.

PRINT Full Name _____ License Number: _____

Mailing Address _____

*SSN/FEIN: _____

Phone: _____

Phone: _____

E-mail: _____

E-mail: _____

*Pursuant to D.C. Official Code Section 3-1205.5 (b) (2001) (Health Occupations Revision Act), **applicants are required to provide a Social Security Number (SSN)** on applications for a professional license.

SECTION 2. SPECIAL INSTRUCTIONS

CRIMINAL BACKGROUND CHECK

MorphoTrust USA "L-1 Enrollment Services" -1 Enrollment: Visit www.L1ENROLLMENT.com or Call 1-877-783-4187

IF YOU HAVE COMPLETED A CBC FOR THE PURPOSE OF LICENSURE WITH DC HRLA YOU ARE NOT REQUIRED TO COMPLETE ANOTHER CBC.

IF WE RECEIVE EVIDENCE OF AN ARREST OR CONVICTION, YOU WILL BE ASKED TO PROVIDE COURT PAPERS

REINSTATEMENT OF LICENSE EXPIRED LESS THAN A YEAR/REACTIVATION OF LICENSE EXPIRED LESS THAN 5 YEARS. You must:

- Attach proof of having met the CE requirements. Contact Hours: APRNs: 24; RNs: 24; LPNs: 18. For CE Options go to www.hrla.doh.dc.gov (Nursing Application Instructions) or www.cebroker.com

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 1 YEAR BUT LESS THAN 5 YEARS FOR APPLICANTS LICENSED IN ANOTHER STATE/JURISDICTION. You must:

- Provide verification of current and active licensure by asking your state/jurisdiction of licensure to submit a verification of your licensure status directly to the D.C. Board of Nursing OR If you are licensed in a state that is a member of Nursys verification system go to www.nursys.com to apply for verification of your license.
- Attach proof of having met CE requirements. Contact Hours: APRNs: 24; RNs: 24; LPNs: 18 two (2) years immediately preceding the date of this application date. For CE Options go to www.hrla.doh.dc.gov (Nursing Application Instructions) or www.cebroker.com

REINSTATEMENT OF LICENSE EXPIRED MORE THAN 5 YEARS FOR APPLICANTS WHO DON'T HAVE AN ACTIVE LICENSE IN ANOTHER STATE/JURISDICTION. You must:

- Submit evidence of having completed a nurse refresher course.

APRNs must also attach a copy of current APRN certification. You can renew your Controlled Substances Registration (CSR) after you renew your APRN license at www.hrla.doh.dc.gov (<http://doh.dc.gov/node/155142>)

Be sure to keep a copy of this reinstatement form and your payment for your records.

Remember that you are required by law to notify your professional board of any address change within 30 days of the change. You may send address changes to the address below or email to hrla.doh@dc.gov. This will help ensure that you receive your next renewal notice in a timely manner.

SECTION 3. LICENSE TYPE, STATUS AND FEES – Select the type of action you wish to take for your license.

Please check the appropriate box(es).

A. ☐ RN/LPN

FEE

\$230.00

B. ☐ APRN License and authority

\$348.00

C. ☐ APRN authority (only), RN license must be active

\$230.00

D. ☐ Reactivate (Paid Inactive License)

\$34.00

Make check/ money order payable to:
DC Treasurer and mail along with this application to:
 DOH/HRLA
 Board of Nursing
 P.O. Box 37802
 Washington, D.C. 20013
 Phone: 202/724-8000
www.hrla.doh.dc.gov

Licenses expire June 30th Odd year for LPNs – Even year for RNs.

Clean Hands Before Receiving a License or Permit Act of 1996 Certification Form Requirement

YES NO
☐ ☐

SECTION 6. LICENSEE AFFIDAVIT

I hereby attest that the information given in this application, including all writings and exhibits attached hereto, is true and complete to the

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